PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail Commissioner for Patents Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450 or Fax (571)-273-2880

INSTRUCTIONS: This for appropriate. All further co- indicated unless corrected maintenance fee notification		or transmitting the ISSU g the Patent, advance or erwise in Block I, by (a	, speens, B				ould be completed where correspondence address as rate "FEE ADDRESS" for	
CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)				Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.				
26119 7	590 05/02/	2008		Continue of Mailles on Transmission				
KLARQUIST SPARKMAN LLP				I hereby certify that this Pet(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE Felf address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.				
States Postal Service with sufficient postage for first class mail in 121 S.W. SALMON STREET States Postal Service with sufficient postage for first class mail in addressed to the Mail Stop ISSUE FEE address above, or bein								
SUITE 1600	MUSIKEE		ac tra	aressed to the Maii	TO (571) 273	-2885, on the da	ite indicated below.	
PORTLAND, OR	97204	Fig.	(President name)					
TOKTEMIE, OK	31201	 	Genie Lyon	ns		(Signature)		
		L	(gemelin					
		L	Aus 9, 708			(Date)		
APPLICATION NO. FILING DATE		T	FIRST NAMED INVENTO		ATTORNEY	CONFIRMATION NO.		
10/620,267	07/14/2003	Wei-Ge Chen	hen 3382-65135			8729		
TITLE OF INVENTION: UNIFIED LOSSY AND LOSSLESS AUDIO COMPRESSION								
APPLN, TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUI	PREV. PAID ISSU	E FEE TO	TAL FEE(S) DUE	DATE DUE	
	NO NO	\$1440	\$300	\$0		\$1740	08/04/2008	
nonprovisional				¬				
EXAMINER		ART UNIT	CLASS-SUBCLASS	_}				
LERNER, MARTIN 2626			704-500000					
1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). 2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys 1 Klarquist Sparkman, I								
CFR 1.303).	ndence address (or Cha	nge of Correspondence	(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,					
☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. ☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.			(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2. Tegistered patent attorneys or agents, if no name is 3 isted, no name will be printed.					
								3. ASSIGNEE NAME AN
PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filling an assignment.								
recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for fining an assignment. (A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY)								
Microsoft Corporation Redmo				nd, WA				
Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government								
ricase check the appropria	ac assigned entogory or							
4a, The following fee(s) are submitted: 4b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above) A check is enclosed.								
Issue Fee			in assault and					
F/				odit card. Form PTO-2038 is attached. hereby authorized to charge the required fee(s), any deficiency, or credit any				
Advance Order - #	of Copies		overpayment, to De	posit Account Numb	er	(enclose a	n extra copy of this form).	
5. Change in Entity State			D				PR 1 27/-1/21	
a. Applicant claims	SMALL ENTITY state	us. See 37 CFR 1.27.	b. Applicant is no le	onger claiming SMA	LL ENTITY	status. See 37 C	r R 1.27(g)(2).	
NOTE: The Issue Fee and interest as shown by the re	Publication Fee (if req cords of the United Sta	uired) will not be accepte stes Patent and Trademar	ed from anyone other that k Office.	n the applicant; a reg	istered autom	ey or agent, or u	he assignee or other party in	
	(· · · · · · · · · · · ·	^		Date Au	J 4)	7000		
Authorized Signature	Jem Gu							
Typed or printed name Genie Lyons Registration No. 43,841								
This collection of informa an application. Confidenti submitting the completed this form and/or suggestic Box 1450, Alexandria, Vi Alexandria, Virginia 2231	tion is required by 37 (ality is governed by 35 application form to the ons for reducing this burginia 22313-1450. DO 3-1450.	FR 1.311. The informati i U.S.C. 122 and 37 CFR to USPTO. Time will var- urden, should be sent to to O NOT SEND FEES OR	on Is required to obtain of 1.14. This collection is y depending upon the in- the Chief Information Off COMPLETED FORMS	or retain a benefit by estimated to take 12 dividual case. Any c icer, U.S. Patent and TO THIS ADDRES	the public wi minutes to co omments on Trademark S. SEND TO	nich is to file (an omplete, including the amount of ti Office, U.S. Dep : Commissioner	d by the USPTO to process) 18 gathering, preparing, and 19 me you require to complete 19 artment of Commerce, P.O. 19 for Patents, P.O. Box 1450,	

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE OMB 0651-0033